

**Iowa CACFP
Workshop Registration
Form**



Instructions:

Return your completed registration to the address below as soon as possible or at least twenty (20) days prior to the workshop. A confirmation letter including the ICN site address and directions will be mailed to you 7 to 10 days prior to the workshop. An ICN site will be cancelled if two or fewer people have registered 8 days prior to the workshop. Make additional copies of this page if needed. **Please print or type** the name of the workshop, location, date, and person(s) attending for each workshop.

CACFP Agreement Number _____ New to CACFP: Yes or Currently Participating Phone Number _____

Director's Name _____

Organization Name _____

Mailing Address _____ City/State/Zip Code _____

Type of Organization: ☐ Independent Center ☐ Sponsor of Centers ☐ For Profit ☐ Non-Profit

Type of Center Participants (Check all that apply.) ☐ Infant ☐ Child Care ☐ At Risk ☐ Homeless ☐ Adult Care ☐ OSHCC

E-mail Address: _____

Job Title (Use an X in the appropriate column)

<u>Workshop Name or Session</u>	<u>Location</u>	<u>Date</u>	<u>Person(s) Attending</u>	Director	Board Member	Food Service	Teacher	Other

Please list specific questions you have related to the topic of the workshop you are attending:

Return the completed registration form and questions to:

Janelle Loney
Bureau of Nutrition Programs and School Transportation
Iowa Department of Education
Grimes State Office Building
Des Moines, Iowa 50319-0146

e-mail: Janelle.Loney@iowa.gov
Phone: 515-281-5356
FAX: 515-281-6548

This registration form is also on our WEB site

Fold line to mail registration. Tape or staple to close flyer.

Stamp

Janelle Loney
Bureau of Nutrition Programs and School Transportation
Iowa Department of Education
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Des Moines, Iowa 50319-0416